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471-000-507 Nebraska Medicaid Practitioner Fee Schedule for Durable Medical Equipment, Medical Supplies, Orthotics and Prosthetics

To Determine the Medicaid Allowable:

- 1. LOCATE THE PROCEDURE CODE. Procedure codes are listed numerically. Refer to any HCPCS Level II guide for code descriptions.
- 2. LOCATE THE "UNIT VALUE" FOR THE PROCEDURE CODE. Unit values are listed to the right of the procedure code. Unit values do NOT represent dollar amounts. If "BR" or "RNE" is listed, see Step #6 for special pricing.
- DETERMINE THE "CONVERSION FACTOR". The conversion factor is listed at the top of each fee schedule page. See modifiers on following page for pricing of rented or used equipment.
- 4. MULTIPLY THE "UNIT VALUE" BY THE "CONVERSION FACTOR".
- 5. PAYMENT IS THE LOWER OF THE FEE SCHEDULE ALLOWABLE OR THE PROVIDER'S SUBMITTED CHARGE. The provider's submitted charge must reflect their charge to the general public.
- 6. SPECIAL PRICING. Certain procedure codes will not have a unit value:
 - A. "BR" (By Report) Paid at "reasonable charge" based on the service and circumstances. A complete description of the service is required for review.
 - B. "RNE" (Rate Not Established) Paid at "reasonable charge" based on the service.

The provider's cost invoice must be attached for all "BR" and "RNE" codes.

PROCEDURE CODE MODIFIERS

Use the following procedure code modifiers with the procedure code, when applicable. Note: Only one modifier can be used per procedure code.

Modifiers for Durable Medical Equipment -

- NU New durable medical equipment purchase
- RR Rental. 10% of purchase allowable. (Use when DME is rented for a full one month period see 471 NAC 7-010.09D.)
- KR Daily rental. Monthly rental divided by 30. (Use when DME is rented for less than a one month period - see 471 NAC 7-010.09D.) Units = Days.
- UE Used durable medical equipment purchase. 75% of purchase allowable.
- MS Six month maintenance and servicing fee for reasonable and necessary parts and labor not covered under any warranty. 6 month maintenance = 1 month rental amount. (Use for DME which is exempt from the rental/purchase option after 12 months rental has been paid see 471 NAC 7-010.09B.)
- LL Conversion of DME rental to purchase. (When using LL modifier, list the initial date of delivery in Field 19, CMS-1500 claim form and bill initial purchase price.)
- RP Repair, replace or replenish supply/accessory for DME owned by the client. (May also be used for supplies/ accessories for DME paid on monthly maintenance basis MS modifier.)

Additional Modifiers for Wheelchairs and Wheelchair Options/Accessories Only -

- KA Add on option/accessory for wheelchair
- RP Replacement and repair. (Use to indicate replacement of option/accessory for wheelchairs which have been in use for some time.)

Modifiers for Oxygen Equipment -

- QE Prescribed amount of oxygen is less than 1 liters per minute (LPM)
- QF Prescribed amount of oxygen exceeds 4 LPM and portable oxygen is prescribed
- QG Prescribed amount of oxygen is greater than 4 liters per minute (LPM)

Modifier for Nutritional Supplements -

BO - Orally administered nutrition

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CODE	UNIT VALUE	BILLING NOTES	CODE	<u>UNIT VAL</u>	UE BILLING NOTES
MEDIC/	AL AND SURC	SICAL SUPPLIES	A4248	RNE	Send invoice
A4000 -	- A8999	_	A4250	BR	2 max, Send invoice
			A4253	3.400	10 max
	LANEOUS SUF		A4255	0.560	1 max
A4206	0.027	500 max	A4256	0.869	1 max
A4207	0.027	500 max	A4257		Not covered
A4208	0.027	500 max	A4258	1.900	10 max
A4209	0.028	500 max	A4259	0.800	5 max
A4210		Not covered	A4261		Not used
A4211		Jse specific code	A4262		Not used
A4212	0.600	500 max	A4263		Not used
A4213	0.080	500 max	A4265	0.263	50 max
A4215	0.030	1000 max	A4266		Not used
A4216		Bill as drug	A4267	0.185	100 max
A4217		Bill as drug	A4268	0.217	100 max
A4218	RNE	Send invoice	A4269	RNE	1 max
A4220	4.116	15 max	A4270		Not used
A4221	1.800	4 max	A4280	0.380	4 max
A4222	3.530	30 max	A4281		In pump rental
A4223	3.530	30 max	A4282		In pump rental
A4230	RNE	Send invoice	A4283		In pump rental
A4231	RNE	Send invoice	A4284		In pump rental
A4232	0.195	20 max	A4285		In pump rental
A4233	0.057		A4286		In pump rental
A4234	0.260		A4290		Not used
A4235	0.168				
A4236	0.121		VASCUL	AR CATHET	<u>ERS</u>
A4244	0.260	2 max	A4300		Not used
A4245	0.400	5 max	A4301		Not used
A4246	1.120	2 max	A4305		Not used
A4247	1.200	10 max	A4306		Not used

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CODE	UNIT VALUE	BILLING NOTES	<u>i</u>	CODE	UNIT VALUE	BILLING NOTES
		NCES AND CARE		A4353	0.580	120 max
SUPPL				A4354	1.111	100 max
A4310	0.719	30 max		A4355	1.241	100 max
A4311	1.295	30 max				
A4312	1.329	30 max		EXTERN	AL URINARY SU	PPLIES PPLIES
A4313	1.758	30 max		A4356	3.490	100 max
A4314	1.295	30 max		A4357	1.000	100 max
A4315	1.329	30 max		A4358	0.600	100 max
A4316	1.241	30 max		A4359	2.381	100 max
A4320	0.523	30 max				
A4321		Bill as drug		OSTOM	SUPPLIES	
A4322	0.227	50 max		A4361	0.350	100 max
A4326	0.739	100 max		A4362	0.530	100 max
A4327	4.932	100 max		A4363	0.144	
A4328	1.132	100 max		A4364	0.480	100 max
A4330	0.797	100 max		A4365	0.875	10 max
A4331	0.686	100 max		A4366	0.963	100 max
A4332	0.0084	100 max		A4367	0.605	100 max
A4333	0.180	100 max		A4368	0.040	100 max
A4334	0.400	100 max		A4369	0.329	50 max
A4335	BR	send invoice		A4371	0.272	50 max
A4338	1.158	100 max		A4372	0.360	30 max
A4340	2.098	100 max		A4373	0.520	30 max
A4344	1.300	100 max		A4375	1.336	100 max
A4346	1.900	100 max		A4376	3.697	100 max
A4348	1.879	2 max		A4377	0.333	100 max
A4349	0.148	100 max		A4378	3.332	100 max
A4351	0.178	120 max		A4379	1.168	100 max
A4352	0.520	120 max		A4380	2.902	100 max
				A4381	0.358	100 max

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<u>CODE</u>	UNIT VALUE	BILLING NOTES	CODE	<u>UNIT VALUE</u>	BILLING NOTES
A4382	1.914	100 max	A4417	0.278	100 max
A4383	2.191	100 max	A4418	0.135	100 max
A4384	0.748	100 max	A4419	0.130	100 max
A4385	0.520	100 max	A4420	RNE	send invoice
A4387	0.312	100 max	A4421	BR	send invoice/
A4388	0.339	100 max			description
A4389	0.483	100 max	A4422	0.009	100 max
A4390	0.747	100 max	A4423	0.139	100 max
A4391	0.549	100 max	A4424	0.354	20 max
A4392	0.517	100 max	A4425	0.267	20 max
A4393	0.713	100 max	A4426	0.204	20 max
A4394	0.200	50 max	A4427	0.207	20 max
A4395	0.0038	100 max	A4428	0.486	20 max
A4396	3.147	1 max	A4429	0.616	20 max
A4397	0.562	100 max	A4430	0.636	20 max
A4398	1.200	100 max	A4431	0.464	20 max
A4399	0.800	100 max	A4432	0.268	20 max
A4400		not used	A4433	0.249	100 max
A4402	0.100	100 max	A4434	0.281	20 max
A4404	0.200	100 max			
A4405	0.259	50 max		NAL MISC. SUPI	
A4406	0.437	50 max	A4450	0.010	300 max
A4407	0.667	30 max	A4452	0.027	300 max
A4408	0.751	30 max	A4455	0.150	50 max
A4409	0.473	30 max	A4458	RNE	send invoice
A4410	0.688	30 max	A4462	0.254	1 max
A4411	0.366	30 max	A4465	RNE	2 max
A4412	0.194	100 max	A4470		not used
A4413	0.419	100 max	A4480		not used
A4414	0.375	30 max	A4481	0.030	100 max
A4415	0.457	30 max	***A4483	RNE	send invoice
A4416	0.205	100 max			

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CODE	UNIT VALUE	BILLING NOTES	CODE	UNIT VALI	JE BILLING NOTES
A4490	1.100	4 max	***A4613	9.148	
A4495	1.500	4 max	A4614	1.890	1 Max
A4500	0.900	4 max	***A4615	RNE	send invoice
A4510	3.500	4 max	***A4616	0.008	
A4520	not used	- see T codes	A4617		Not covered
A4534	not used -	- see T codes	***A4618	0.678	
A4550		not used	***A4619	0.092	
A4554	0.035	200 max	***A4620	0.259	
A4556	0.785	15 max	A4623	0.445	30 max
A4557	1.365	2 max	A4624	0.200	100 max
A4558	0.415	1 max	A4625	0.502	2 weeks
A4561	1.452	1 max			post-op only
A4562	3.616	1 max	A4626	0.245	10 max
A4565	0.495		A4627	2.800	1 max
A4570		not used	A4628	0.284	100 max
A4575		not covered	A4629	0.368	30 max
A4580		not used			
A4590		not used			R DURABLE
A4595	2.265	indicate date		<u>L EQUIPMEN</u>	
		span	A4630		ncluded in A4595
A4604	4.793		***A4632	RNE	send invoice
A4605	1.200	30 max	***A4633	3.063	
A4606	RNE	send invoice	*A4634	RNE	send invoice
A4608	4.438		*A4635	0.300	
			***A4636	0.355	
	ES FOR OXYGEN		A4637	0.317	
	RATORY EQUIPM	<u>IENT</u>	A4638	RNE	send invoice
A4611	12.461		*A4639	21.434	
**A4612	5.707		A4640	5.200	1 max

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CODE	UNIT VALUE BILLI	NG NOTES	CODE	UNIT VALUE	BILLING NOTES
A4649	BR send i	invoice/	A5112	2.540	100
		cription	A5113	0.500	100
A4657		00 max	A5114	0.790	100
A4660	3.000 requires	modifier			
***A4663		invoice		S FOR EITHER II	
A4670	5.000 requires	modifier		MY APPLIANCE	
A4927	1.493 (per 100)	4 max	A5120	0.018	100 max
A4928	RNE (per 20)	1 max	A5121	0.967	100 max
A4930		00 max	A5122	1.050	100 max
A4931	0.350	1 max	A5126	0.140	100 max
A4932	0.350	1 max	A5131	1.400	2 max
			A5200	0.853	100 max
	NAL OSTOMY SUPPLIE		DIADETIC		
A5051		00 max		C SHOES, FITTIN CATIONS	IG, AND
A5052		00 max	A5500	5.200	2 max
A5053		00 max	A5500 A5501	15.500	2 max
A5054		00 max	A5503	2.700	2 max
A5055		00 max	A5503 A5504	2.700	2 max
A5061		00 max	A5505	2.650	2 max
A5062		00 max	A5506	2.700	2 max
A5063		00 max	A5507	1.932	2 max
A5071		00 max	A5508	BR	send invoice
A5072		00 max	A5510	BR	send invoice
A5073		00 max	A5510	1.738	Seria irroice
A5081		00 max	A5512	2.593	
A5082		00 max	A3313	2.595	
A5093	0.140 10	00 max	DRESSIN	GS	
4001710			A6000		not covered
	NAL INCONTINENCE NCES/SUPPLIES		A6010	2.310	
A5102		00	A6011	0.170	
A5102 A5105		00	A6021	1.601	50 max
A3103	Z.000 I(JU	A6022	1.526	50 max
			A6023	13.814	50 max

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CODE	UNIT VALUE	BILLING NOTES	CODE	<u>UNIT VALUE</u>	BILLING NOTES
A6024	0.449	50 max	A6229	0.290	300 max
A6025	RNE	send invoice	A6230	BR	send invoice
A6154	1.150	50 max	A6231	0.339	300 max
A6196	0.587	300 max	A6232	0.550	300 max
A6197	1.320	300 max	A6233	1.380	300 max
A6198	RNE	send invoice	A6234	0.530	300 max
A6199	0.430	300 max	A6235	1.350	300 max
A6200	0.717	300 max	A6236	2.180	300 max
A6201	1.571	300 max	A6237	0.640	300 max
A6202	2.634	300 max	A6238	1.830	300 max
A6203	0.267	300 max	A6239	BR	send invoice
A6204	0.500	300 max	A6240	0.980	300 max
A6205	BR	send invoice	A6241	0.205	300 max
A6206	BR	send invoice	A6242	0.490	300 max
A6207	0.590	300 max	A6243	0.990	300 max
A6208	BR	send invoice	A6244	3.140	300 max
A6209	0.600	300 max	A6245	0.580	300 max
A6210	1.600	300 max	A6246	0.800	300 max
A6211	2.350	300 max	A6247	1.900	300 max
A6212	0.775	300 max	A6248	1.300	300 max
A6213	BR	300, send invoice	A6250	0.143	300 max
A6214	0.830	300 max	A6251	0.160	300 max
A6215	BR	send invoice	A6252	0.260	300 max
A6216	0.004	300 max	A6253	0.510	300 max
A6217	0.035	300 max	A6254	0.100	300 max
A6218	BR	300, send invoice	A6255	0.250	300 max
A6219	0.071	300 max	A6256	BR	send invoice
A6220	0.205	300 max	A6257	0.130	300 max
A6221	BR	send invoice	A6258	0.350	300 max
A6222	0.170	300 max	A6259	0.880	300 max
A6223	0.195	300 max	A6260		not covered
A6224	0.290	300 max	A6261	BR	send invoice
A6228	BR	send invoice	A6262	BR	send invoice

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CODE	<u>UNIT VALUE</u>	BILLING NOTES	CODE	UNIT VALUE	BILLING NOTES
A6266	0.160	300 max	A6509	RNE	send invoice
A6402	0.010	300 max	A6510	RNE	send invoice
A6403	0.034	300 max	A6511	RNE	send invoice
A6404	BR	send invoice	A6512	RNE	send invoice
A6407	0.140	send invoice	A6513	RNE	send invoice
A6410	0.023	30 max	A6530	2.100	
A6411	0.023	30 max	A6531	3.400	
A6412	0.023	30 max	A6532	4.373	
A6441	0.050		A6533	3.000	
A6442	0.013		A6534	4.600	
A6443	0.022		A6535	5.000	
A6444	0.048		A6536	3.000	
A6445	0.024		A6537	4.600	
A6446	0.031		A6538	5.800	
A6447	0.050		A6539	3.700	
A6448	0.087		A6540	RNE	send invoice
A6449	0.131		A6541	13.000	
A6450	RNE	send invoice	A6542	RNE	send invoice
A6451	RNE	send invoice	A6543	6.200	
A6452	0.441		A6544	3.500	
A6453	0.046		A6549	RNE	send invoice
A6454	0.057		A6550		not used
A6455	0.104		A7000	0.742	4 max
A6456	0.096		A7001	2.572	1 max
A6457	0.082		A7002	0.298	1 max
A6501	RNE	send invoice	A7003	0.400	30 max
A6502	RNE	send invoice	A7004	0.210	30 max
A6503	RNE	send invoice	A7005	2.460	30 max
A6504	RNE	send invoice	A7006	0.770	30 max
A6505	RNE	send invoice	A7007	0.370	30 max
A6506	RNE	send invoice	A7008	0.900	30 max
A6507	RNE	send invoice	A7009	3.360	30 max
A6508	RNE	send invoice	A7010	2.000	30 max
			A7011	RNE 3	30, max send invoice

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CODE	UNIT VALUE	BILLING NOTES	CODE	<u>UNIT VA</u>	LUE BILLING NOTES
A7012	0.300	30 max	A7503	0.881	
A7013	0.016	30 max	A7504	0.052	30 max
A7014	0.360	30 max	A7505	0.364	
A7015	0.182	30 max	A7506	0.026	30 max
A7016	0.580	30 max	A7507	0.193	50 max
A7017	10.421		A7508	0.223	•
A7018	0.0300	60 max	A7509	0.110	30 max
A7025		not used	A7520	3.543	30 max
A7026		not used	A7521	3.511	30 max
A7030	14.078		A7522	3.370	4 max
A7031	5.207		A7523	RNE	30 max
A7032	3.025		A7524	5.776	30 max
A7033	2.120		A7525	0.154	60 max
A7034	8.779		A7526	0.251	60 max
A7035	2.966		A7527	0.262	60 max
A7036	1.358				
A7037	3.061		<u>ADMINI</u>	STRATIVE	<u>, MISCELLANEOUS</u>
A7038	0.402		AND IN	VESTIGAT	<u> TION A9000 – A9999</u>
A7039	1.144				
A7040	RNE	send invoice	A9270		not a valid code
A7041	RNE	send invoice	A9275		not covered
A7042		not used	A9280		not covered
A7043	RNE		A9281		not covered
A7044	9.023		A9282		not covered
A7045	1.424		A9300		not covered
A7046	1.456	1 max	A9900	BR	send invoice/description
A7501	8.166		A9901		not covered
A7502	3.881		A9999	BR	send invoice/description

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moladed in equipment remainpaid only for elient owned equipment (14) modilier							
CODE	UNIT VALUE	BILLING NOTES	CODE	UNIT VALUE	BILLING NOTES		
	AL AND PAREN [®] APY B4000 – B99			PARENTERAL NUTRITION SOLUTIONS AND SUPPLIES			
			B4164	1.1589			
ENTER A	L FORMULAE AN	D ENTERAL	B4168	1.6885			
	AL SUPPLIES		B4172	7.269			
B4034	0.496		B4176	3.2672			
B4035	0.946		B4178	3.9226			
B4036	0.648		B4180	1.6617			
B4081	1.722		B4185	0.7658			
B4082	1.306		B4189	12.1174			
B4083	0.199		B4193	15.6589			
B4086	2.486		B4197	19.0633			
B4100		Not covered	B4199	21.7841			
B4102	80% Billed cl	narges	B4216	0.5267			
B4103	0.1255		B4220	0.5457			
B4104	80% Billed cl	narges	B4222	0.6730			
B4149	0.1104		B4224	1.7053			
B4150	0.0471		B5000	0.8101			
B4152	0.0394		B5100	0.3172			
B4153	0.1343		B5200	RNE			
B4154	0.0858						
B4155	0.0668			AND PARENTE	RAL PUMPS		
B4157	80% Billed cl	narges	B9000	100.000			
B4158	0.0471		B9002	100.000			
B4159	0.0471		B9004	31.500	Rental only		
B4160	0.0471		B9006	31.500	Rental only		
B4161	0.1343		B9998	BR			
B4162	80% Billed cl	narges	B9999	BR			

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CODE	UNIT VALUE	BILLING NOTES RR RATE	CODE	UNIT VALUE	BILLING NOTES RR RATE
DURAB	LE MEDICAL E	QUIPMENT	ATTACH	<u>MENTS</u>	
E0100 -			E0156	2.200	0.220
			E0157	6.500	0.650
CANES			E0158	2.580	0.258
E0100	1.800	0.180	E0159	1.390	0.139
E0105	4.000	0.400			
			COMMO		
CRUTCH	<u>IES</u>		E0160	1.000	
E0110	5.676	0.568	E0161	1.900	
E0111	4.500	0.500	E0162	11.600	
E0112	4.500	0.500	E0163	9.700	0.970
E0113	2.250	0.225	E0164	13.500	1.350
E0114	5.000	0.700	E0165	19.400	1.94
E0116	2.500	0.250	E0166	25.000	2.500
E0117	14.381		E0167	1.000	RP only
E0118	RNE	send invoice	E0168	11.734	1.173
			E0170	115.294	
WALKER	<u>RS</u>		E0171	20.746	
E0130	7.000	0.800	E0172	RNE	send invoice
E0135	7.200	1.000	E0175	5.300	0.530
E0140	26.919				
E0141	9.500	1.200		<u> </u>	
E0143	9.230	0.923	E0180	26.500	2.700
E0144	24.758	2.476	E0181	18.326	1.833
E0147	33.000	3.300	E0182	21.000	2.100
E0148	9.669	0.968	E0184	15.500	1.550
E0149	16.902	1.690	E0185	26.000	2.600
E0153	7.400	0.750	E0186	12.881	1.289
E0154	6.000	0.600			
E0155	7.500	0.750			

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CODE	UNIT VALUE	BILLING NOTES RR RATE	CODE	UNIT VALUE	BILLING NOTES RR RATE
E0187	17.321	1.732	E0238	1.841	
E0188	2.400		E0239	30.600	3.060
E0189	3.296				
E0190		d invoice/description		ND TOILET AIDS	
E0191	0.695		E0240	RNE	send invoice
**E0193	rental only	coordination plan	E0241	2.400	
**E0194	rental only	coordination plan	E0242	5.500	
E0196	23.917		E0243	4.000	
E0197	16.536		E0244	4.600	
E0198	16.536		E0245	4.900	
E0199	2.327		E0246	2.985	
			E0247	RNE	send invoice
	LD APPLICATI		E0248	RNE	send invoice
E0200	5.500	0.555	***E0249	6.800	
**E0202	daily rental 7	7.000/day			
		coordination plan		AL BEDS AND AC	
E0203		not covered	E0250	85.000	8.500
E0205	15.510	1.551	E0251	70.000	7.000
E0210	3.000	0.300	E0255	100.000	10.000
E0215	5.365	0.537	E0256	85.000	8.500
E0217	33.800	3.380	*E0260	100.761	10.077
E0218		not covered	*E0261	83.501	8.350
E0220	0.680		*E0265	134.706	13.471
E0221	157.721	15.772	*E0266	122.834	12.284
E0225	31.065	3.107	E0270		not covered
E0230	0.678		E0271	15.500	1.550
E0231		not covered	E0272	15.000	1.550
E0232		not covered	E0273		not covered
E0235	11.567		E0274		not covered
***E0236	31.118		E0275	0.550	
			E0276	0.550	
			E0277		not covered

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- *** Included in equipment rental/paid only for client-owned equipment (RP modifier)

CODE	<u>UNIT VALUE</u>	BILLING NOTES RR RATE	CODE	<u>UNIT VALUE</u>	BILLING NOTES RR RATE
E0280 E0290	3.060 70.000	7.000	OXYGEN EQUIPME E0424		RESPIRATORY 22.050
E0291 E0292	55.000 85.000	5.500 8.500	E0424 E0425	rental only	not covered
E0293	70.000	7.000	E0430 E0431	 rental only	not covered 3.969
*E0294 *E0295	115.000 100.000	11.500 10.000	E0431	rental only	3.969
*E0296	115.000	11.500	E0435 E0439	 rental only	not covered 22.050
*E0297 *E0300	100.000 211.837	10.000 21.184	E0440		not covered
*E0301 *E0302	202.030 533.91	20.203 53.391	E0441 E0442	16.052 16.052	
*E0303	226.851	22.685	E0443	2.293	
*E0304 E0305	575.127 14.500	57.513 1.450	E0444 *E0445	2.293 rental only	45.260
E0310	17.500	1.500	E0450 ***E0455	rental only BR	65.000
E0315	not covered	for bed wedge use E0190	E0457	5.600	
*E0316 E0325	157.671 0.600		E0459 E0460	3.700 rental only	32.000
E0326	0.550		E0461	rental only	74.780
E0350 E0352		not covered not covered	E0462 E0463	rental only	not covered 100.889
E0370 E0371	RNE 35.320	send invoice 3.532	E0464 E0470	rental only 191.493	
E0372 E0373	47.575	not covered 4.757	E0471 E0472 E0480	rental only rental only 34.400	47.923 47.923 3.400

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CODE	<u>UNIT VALUE</u>	BILLING NOTES RR RATE	CODE L	JNIT VALU	E BILLING NOTES RR RATE
E0481		not covered	E0603	4.500	4.700
E0482	327.26		E0604	rental	
E0483	0.755	not covered	E0605	2.500	0.250
E0484	2.755	and the star	E0606	18.400	1.840
E0485	RNE	send invoice	MONITOR	NINO FOLUE	MACLIT
E0486	RNE	send invoice	E0607	RING EQUIF 5.500	<u>/MEN I</u> 0.550
IDDD MA	CHINEC		E0607	5.500	0.550
<u>IPPB MA</u> E0500	138.000	13.000	DACEMA	KER MONIT	TOP.
E0300	130.000	13.000	E0610	19.000	1.900
HIIMIDIE	IER/COMPRESS	OD/NERIII IZED	E0615	37.900	3.790
FOR USE	WITH OXYGEN	IPPB EQUIPMENT	E0616		not used
<u> </u>	- WITH OXIOLIT	II I D EQUII IIIEITI	E0617	231.672	23.168
***E0550	60.000		**E0618	19.500	rental only
***E0555	0.350		E0619	15.500	not covered
***E0560	13.310		E0620		not covered
E0561	7.985		L0020		not covered
E0562	22.479	2.248	PATIENT	LIFTS	
E0565	rental only	5.000	E0621	7.720	RP only
E0570	15.200	1.500	E0625	80.000	8.000
E0571	22.366	1.000	*E0627	68.200	6.820
E0572	28.425		E0627-52		furniture only
E0574	30.004		*E0628	26.400	2.640
*E0575	50.300	5.000	*E0629	26.400	2.640
***E0580	0.300	0.000	E0630	89.000	8.900
E0585	23.820	2.382	E0635	96.500	9.650
20000	20.020	2.002	E0636	756.500	75.650
SUCTION	N PUMP/ROOM V	APORIZERS	E0637	RNE	send invoice
E0600	45.000	4.500	E0638		send invoice/description
E0601	100.000	10.000	E0639		send invoice/description
E0602	2.000		E0640		not covered
			E0641	RNE	send invoice/med nec
			E0642		send invoice/med nec
					

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CODE	<u>UNIT VALUE</u>	BILLING NOTES RR RATE	CODE	UNIT VALUE	BILLING NOTES RR RATE
	ATIC COMPRESS	OR AND		UTANEOUS ANI	
<u>APPLIA</u>					CTRICAL NERVE
E0650	62.000	6.200		ATORS – TENS	
E0651	63.000	6.300	*E0720	30.000	3.000
E0652	424.000	42.400	*E0730	32.000	3.200
E0655	10.420	1.042	E0731	24.300	
E0660	15.000	1.500	E0740	39.595	3.960
E0665	10.900	1.090	E0744		not covered
E0666	10.500	1.050	E0745	71.500	7.150
E0667	22.000	2.200	E0746	RNE	send invoice
E0668	30.000	3.000	E0747	266.240	26.624
E0669	14.700	1.470	E0748	267.010	
E0671	33.300	3.330	E0749		not used
E0672	25.900	2.590	E0755	RNE	
E0673	21.400	2.140	E0760	220.324	
E0675	240.291		E0761		not covered
			E0762		not covered
<u>ULTRAV</u>	IOLET CABINET		E0764		not covered
*E0691	68.467		E0765	6.278	
*E0692	85.975		E0769		not covered
*E0693	105.984				
*E0694	337.337			N SUPPLIES	
			E0776	9.800	0.980
	EQUIPMENT		E0779	13.000	1.301
E0700		not covered	E0780	0.807	0.081
E0701		not covered	E0781	210.000	21.000
E0705	3.295		E0782		not used
			E0783		not used
RESTRA	<u>INTS</u>		*E0784	390.000	
E0710		not covered			

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CODE	<u>UNIT VALUE</u>	BILLING NOTES RR RATE	CODE	UNIT VALUE	BILLING NOTES RR RATE
E0785 E0786		not used not used	E0940 E0941	31.000 32.000	3.100 3.200
E0791	252.700	25.270	E0942	1.750	RP only
			E0944	4.000	RP only
	ON - ALL TYPES		E0945	3.000	RP only
E0830	RNE	send invoice	E0946	48.000	4.800
			E0947	48.500	4.850
	ON - CERVICAL		E0948	47.000	4.700
E0840	6.500	0.500			
E0849	37.700	3.770		HAIR ACCESS	<u>ORIES</u>
E0850	13.000	1.300	*E0950	6.594	
E0855	38.230	3.823	*E0951	1.392	
			*E0952	1.344	
	ON - OVERDOOR	2.522	*E0955	15.088	
E0860	2.500	0.500	*E0956	7.357	
			*E0957	10.293	
	ON - EXTREMITY	2 222	*E0958	32.560	
E0870	8.000	0.800	*E0959	3.299	
E0880	13.000	1.300	*E0960	6.790	
			*E0961	2.219	
	ON - PELVIC		*E0966	5.326	
E0890	12.000	1.200	*E0967	4.820	
E0900	13.000	1.300	*E0968	13.381	
			*E0969	11.689	
		RACTURE FRAME,	E0970		use K0037 or K0042
	HER ORTHOPED		*E0971	3.113	
E0910	17.200	1.700	*E0973	8.580	
E0911	35.760		*E0974	5.851	
E0912	82.116	0.400	*E0977	4.367	
E0920	34.000	3.400	20077	1.007	
E0930	35.200	3.500			
E0935	daily rental	2.000			

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CODE	UNIT VALUE	BILLING NOTES RR RATE	CODE	<u>UNIT VALUE</u>	BILLING NOTES RR RATE
*E0978	3.500		*E1028	15.413	
*E0980	2.467		*E1029	27.578	
E0981	3.519	RP modifier only	*E1030	86.960	
E0982	3.846	RP modifier only			
*E0983	186.515	•		BOUT CHAIR	
*E0984	142.581		E1031		not covered
*E0985	15.138		*E1035	439.886	43.989
*E0986	363.003		*E1037	80.970	
*E0990	8.763		*E1038	19.049	
*E0992	7.101		*E1039	24.534	2.454
*E0994	1.310				
*E0995	2.269			CHAIRS – FULLY	
*E0997	4.963		*E1050	76.000	7.600
*E0998	2.857		*E1060	46.642	4.664
*E0999	8.580		*E1070	81.739	8.174
*E1002	306.942		*E1083	58.761	5.876
*E1003	327.709		*E1084	73.097	7.310
*E1004	363.362		E1085		use K0002
*E1005	393.310		E1086		use K0002
*E1006	481.769		*E1087	94.410	9.441
*E1007	652.334		*E1088	112.515	11.251
*E1008	652.392		E1089		use K0004
*E1009	RNE	send invoice	E1090		use K0004
*E1010	85.922		*E1092	95.903	9.590
*E1011	RNE	send invoice	*E1093	82.478	8.248
*E1014	27.249				
*E1015	8.560			CHAIR - SEMI-RE	
*E1016	9.800		*E1100	77.015	7.702
*E1017	RNE	send invoice	*E1110	75.866	7.587
*E1018	RNE	send invoice			
*E1020	18.165				

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CODE	<u>UNIT VALUE</u>	BILLING NOTES RR RATE	CODE	<u>UNIT VALUE</u>	BILLING NOTES RR RATE
WHEEL	CHAIR - STANDA	RD	*E1232	159.583	
E1130		use K0001	*E1233	165.353	16.535
E1140		use K0001	*E1234	143.951	14.395
*E1150	60.881	6.089	*E1235	138.614	13.861
*E1160	46.642	4.665	*E1236	122.293	12.229
*E1161	176.574	17.658	*E1237	123.362	12.336
			*E1238	128.623	12.000
WHEEL	CHAIR - AMPUTE	E	*E1239	RNE	
*E1170	56.650	_ 5.665	21200	1412	
*E1171	58.612	5.861	WHEELC	HAIR - LIGHTWI	EIGHT
*E1172	62.134	6.213	*E1240	76.881	7.688
*E1180	75.627	7.563	*E1250		use K0003
*E1190	79.142	7.914	*E1260		use K0003
*E1195	93.754	9.375	*E1270	58.910	5.891
*E1200	60.082	6.008			
			WHEELC	HAIR - HEAVY-	<u>DUTY</u>
	<u> CHAIR – SPECIAL</u>	<u> SIZE</u>	*E1280	97.955	9.796
*E1220	BR		E1285		use K0006
*E1221	31.995	3.200	E1290		use K0006
*E1222	44.627	4.463	*E1295	82.694	8.269
*E1223	55.239	5.524	*E1296	36.692	3.692
*E1224	51.478	5.148	*E1297	7.807	.781
*E1225	33.731	3.373	*E1298	31.616	3.162
*E1226	40.720	4.072			
*E1227	19.230	1.923	WHIRLPO	OOL - EQUIPME	<u>NT</u>
*E1228	20.910	2.091	E1300		not covered
*E1229	1.923	0.192	*E1310	130.940	
*E1230	210.000	21.000			
*E1231	RNE		REPAIRS		MENT SUPPLIES
			E1340	0.700	no modifier

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CODE L	JNIT VALUE	BILLING NOTES RR RATE	CODE	<u>UNIT VALU</u>	E BILLING NOTES RR RATE
EQUIPME ***E1353 ***E1355 E1372 E1390 E1391 E1392 *E1399 ***E1405	BR BR 11.900 22.050 22.050 2.301 BR send F	send invoice send invoice 1.190 rental only rental only rental only invoice/description A over \$500	E1825 E1830 E1840 E1841 *E1902 E2000 E2100 E2101 E2120 *E2201	94.284 94.284 285.604 324.964 RNE 3.868 48.000 27.843 35.372	9.429 9.429 28.561 32.497 send invoice rental only send medical nec. not covered not covered
AND ACC E1700 ***E1701 ***E1702	155.316 ON REHABILI ESSORIES 25.734 0.763 1.553 THOPEDIC D 91.418 96.269 243.881 94.284 79.037 92.970 100.090 60.471 94.284 101.672 103.799 5.754 7.854	2.573 EVICES 9.142 9.627 24.389 9.429 7.904 9.297 10.009 9.428 10.168 10.380 0.576 0.785	*E2203 *E2204 E2205 *E2206 *E2207 *E2208 *E2209 E2210 *E2211 *E2212 *E2213 *E2214 *E2215 *E2216 *E2217 *E2218 *E2220 *E2220 *E2220 *E2223 *E2224 E2225 E2226	35.750 60.701 2.303 2.870 3.058 8.379 7.561 0.470 2.935 0.415 2.146 2.195 0.678 RNE RNE RNE 3.002 1.928 1.802 1.481 0.395 7.034 1.224 2.668	RP modifier only

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CODE	UNIT VALUE	BILLING NOTES	CODE	<u>UNIT V</u>	ALUE BILLING NOTES
*E2291	RNE		*E2371	10.813	3
*E2292	RNE		*E2372	RNE	
*E2293	RNE		*E2399		send invoice/description
*E2294	RNE			•	cludes canister/dressings
E2300		not covered	*E2500	29.184	
E2301		not covered	*E2502	89.239	
*E2310	87.331		*E2504	117.718	
*E2311	176.806		*E2506	172.609	
*E2320	74.506		*E2508	266.911	
*E2321	114.396		*E2510	505.093	
*E2322	105.251		*E2511		send invoice/ description
*E2323	4.824		*E2512		send invoice/ description
*E2324	3.320		*E2599		send invoice/ description
*E2325	100.510		E2601	4.301	PA in nursing home
*E2326	23.851		E2602	8.397	9
*E2327	172.100		E2603	10.660	
*E2328	289.352		E2604	13.250	<u> </u>
*E2329	129.128		E2605	18.929	•
*E2330	248.751		E2606	29.531	<u> </u>
*E2331	RNE		E2607	20.383	9
*E2340	23.449		E2608	24.479	PA in nursing home
*E2341	34.550		*E2609	BR	
*E2342	33.435		E2610		Not covered
*E2343	19.349		*E2611	22.850	
*E2351	52.137		*E2612	30.910	
*E2360	7.890		*E2613	28.752	
*E2361	10.235		*E2614	39.790	
*E2362	6.746		*E2615	33.089	
*E2363	13.694		*E2616	44.520)
*E2364	7.890		*E2617	BR	
*E2365	8.232		*E2618	11.025	
*E2366	19.285		E2619	3.754	
*E2367	31.275		*E2620	42.045	
E2368	37.789	RP modifier only	*E2621	40.066	
E2369	32.914	RP modifier only	E8000	RNE	Send invoice
E2370	58.730	RP modifier only	E8001	RNE	Send invoice
			E8002	RNE	Send invoice

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CODE	<u>UNIT VALUE</u>	BILLING NOTES	CODE	<u>UNIT VAL</u>	
		RR RATE			<u>RR RATE</u>
J7699	Use only for hyp	ertonic saline	*K0038	1.900	0.190
	for inhalation (\$	35 max)	*K0039	4.300	0.430
	·	•	*K0040	5.900	0.590
WHEEL	CHAIR AND WHE	ELCHAIR .	*K0041	4.200	0.420
	<u>SORIES</u>		K0042	2.500	RP modifier only
*K0001	68.640	6.864	K0043	1.550	RP modifier only
*K0002	85.040	8.504	K0044	1.310	RP modifier only
*K0003	90.400	9.040	K0045	3.900	RP modifier only
*K0004	121.280	12.130	K0046	1.600	RP modifier only
*K0005	147.040	14.704	K0047	6.100	RP modifier only
*K0006	96.000	9.600	K0050	2.600	RP modifier only
*K0007	143.000	14.300	K0051	4.200	RP modifier only
*K0009	BR	BR	K0052	7.300	RP modifier only
*K0010	305.589	30.559	*K0053	7.798	0.780
*K0011	367.490	36.749	*K0056	7.500	0.750
*K0012	237.690	23.769	*K0065	3.500	0.350
*K0014	BR	BR	K0069	9.500	RP modifier only
K0015	1.430	RP modifier only	K0070	13.600	RP modifier only
K0017	4.016	RP modifier only	K0071	5.400	RP modifier only
K0018	2.245	RP modifier only	K0072	4.600	RP modifier only
K0019	1.400	RP modifier only	*K0073	2.700	0.270
*K0020	3.710	0.371	K0077	4.650	RP modifier only
*K0037	3.300	0.330			,

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CODE	UNIT VALL	E BILLING NOTES	CODE	UNIT VALUE	BILLING NOTES
K0090 K0091 K0092 *K0093 K0094 K0095 K0096 *K0097 K0098	6.000 1.700 19.000 12.000 3.900 3.900 21.500 4.800 2.100	RP modifier only	K0669 K0730 K0733 K0734 K0735 K0736 K0737	121.238 2.125 23.310 29.661 23.501 29.751	not covered
K0099 *K0105 *K0108	6.400 7.800 BR	RP modifier only			
K0195		use E0990			
	<u>ORTHOTICS</u>	====			
K0455		use E0781 or E0791			
K0462 K0552		use specific code use A4222			
K0601	0.082	use A4ZZZ			
K0601	0.475				
K0602	0.043				
K0604	0.454				
K0605	1.090				
K0606	RNE	send invoice			
K0607	14.800				
K0608	9.236				
K0609	61.420				

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11101	idaca iii cqaipiiii	chi remarpala only for c		r equipment (ixi	modifier)
CODE	UNIT VALUE	BILLING NOTES	<u>CODE</u>	UNIT VALUE	BILLING NOTES
ORTHO	TIC PROCEDUI	RES L0000-49999	L0464	88.863	
			L0466	21.925	
ORTHO	TIC DEVICES -	SPINAI	L0468	27.846	
<u> </u>	HO DEVIOLO	OI MAL	L0470	38.403	
CERVICA	ΔΙ		L0472	24.199	
L0100	43.011		L0480	103.600	
L0110	10.650		L0482	96.956	
L0112	83.674		L0484	100.979	
L0120	2.037		L0486	105.916	
L0130	9.391		L0488	60.012	
L0140	4.913		L0490	16.911	
L0150	8.250		L0491	44.135	
L0160	10.024		L0491	27.134	
L0170	37.831		L0432	27.104	
L0170	7.389		CERVICA	AL-THORACIC-LI	JMBAR-SACRAL
L0174	16.738			SIS (CTLSO)	SWIDAN-OACKAL
LOTT	10.7 00		L0621	6.497	
MULTIPI	LE POST COLLA	R	L0622	16.671	
L0180	21.486	<u> </u>	L0623	RNE	send invoice
L0190	30.206		L0624	RNE	send invoice
L0200	36.265		L0625	3.165	00114 11110100
20200	00.200		L0626	4.480	
THORAC	CIC		L0627	23.622	
L0210	2.585		L0628	4.821	
L0220	7.855		L0629	RNE	
			L0630	9.306	
THORAC	CIC-LUMBAR-SA	CRAL	L0631	58.100	
	SIS (TLSO)		L0632	RNE	
L0430	76.900		L0633	16.480	
L0450	10.992		L0634	RNE	send invoice
L0452	BR :	send invoice	L0635	57.800	
L0454	20.735		L0636	95.071	
L0456	59.460		L0637	68.446	
L0458	53.317		L0638	75.796	
L0460	60.012		L0639	68.446	
L0462	74.646		L0640	60.129	

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CODE	UNIT VALUE	BILLING NOTES	CODE	UNIT VALUE	BILLING NOTES
Anterior	-Posterior-Latera	I	L1030	3.661	
Control		_	L1040	4.539	
L0700	155.163		L1050	4.792	
L0710	128.738		L1060	5.663	
			L1070	5.180	
	ROCEDURE		L1080	3.186	
L0810	158.414		L1085	8.860	
L0820	126.668		L1090	5.330	
L0830	186.505		L1100	10.068	
L0859	65.784		L1110	18.521	
L0860	70.123		L1120	2.286	
L0861	12.884				
L0960	4.124		THORAC	CIC-LUMBAR-SAC	RAL ORTHOSIS
			(TLSO) ((LOW PROFILE)	
	NS TO SPINAL C	<u>DRTHOSIS</u>	L1200	104.457	
L0970	6.579		L1210	15.062	
L0972	6.024		L1220	13.202	
L0974	10.980		L1230	32.721	
L0976	10.254		L1240	4.470	
L0978	14.689		L1250	4.158	
L0980	1.005		L1260	4.355	
L0982	1.076		L1270	4.460	
L0984	4.012		L1280	4.966	
L0999	BR	Send Invoice/	L1290	4.524	
		Description			
ODTUG	TIO DEVICEO	0001 10010		SCOLIOSIS PROC	EDURES .
	TIC DEVICES -	SCOLIOSIS	L1300	103.529	
PROC	<u>EDURES</u>		L1310	110.352	
050///0	A. TUODAOIO I I	IMPAD GAGDAI	L1499	BR	Send Invoice/
	<u>AL-THORACIC-LI</u> ISIS (CTLSO)	JMBAR-SACRAL			Description
L1000	122.229				
L1005	191.346			CIC-HIP-KNEE-AN	KLE
L1003	4.312			SIS (THKAO)	
L1010	4.976		L1500 L1510	136.492 79.348	
L1020	7.178		L1510 L1520	79.3 4 8 160.179	
LIUZU	7.170		L 1320	100.179	

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CODE	UNIT VALUE	BILLING NOTES	<u>CODE</u>	UNIT VALUE BILLING NOTES
<u>ORTHO</u>	TIC DEVICES -	LOWER LIMB	L1831	17.596
			L1832	34.996
	<u> HOSIS (HO) - FLI</u>	EXIBLE	L1834	48.256
L1600	7.418		L1836	7.978
L1610	2.976		L1840	54.225
L1620	7.959		L1843	54.966
L1630	10.679		L1844	115.827
L1640	29.981		L1845	47.048
L1650	14.036		L1846	61.113
L1652	21.312		L1847	35.234
L1660	9.851		L1850	17.174
L1680	85.413		L1855	63.253
L1685	68.469		L1858	68.973
L1686	52.508		L1860	78.403
L1690	118.457		L1870	65.002
			L1880	44.085
LEGG P				
L1700	96.205			<u>OOT ORTHOSIS (AFO)</u>
L1710	102.900			COMBINATION
L1720	89.093		L1900	15.781
L1730	71.604		L1901	1.057
L1755	93.253		L1902	4.849
			L1904	27.210
	RTHOSIS (KO)		L1906	6.922
L1800	4.118		L1907	33.638
L1810	5.762		L1910	15.394
L1815	6.850		L1920	20.123
L1820	7.641		L1930	15.915
L1825	3.165		L1932	51.282
L1830	5.246		L1940	31.174
			L1945	53.285

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CODE	UNIT VALUE	BILLING NOTES	CODE	UNIT VALUE	BILLING NOTES
L1950	44.805		L2112	26.855	
L1951	50.208		L2114	35.296	
L1960	31.906		L2116	43.379	
L1970	48.957		L2126	68.928	
L1971	28.022		L2128	98.703	
L1980	23.435		L2132	46.434	
L1990	29.618		L2134	55.672	
			L2136	68.731	
	NKLE-FOOT ORT	HOSIS (KAFO)			
OR ANY COMBINATION				NS TO FRACTU	RE ORTHOSIS
L2000	58.384		L2180	6.792	
L2005	51.282		L2182	6.330	
L2010	53.509		L2184	7.130	
L2020	67.212		L2186	8.989	
L2030	62.103		L2188	17.239	
L2034	116.850		L2190	5.313	
L2035	10.610		L2192	26.001	
L2036	106.796		ADDITIO	NS TO LOWER	EYTDEMITY
L2037	95.874			SIS: SHOE-ANK	
L2038	82.298		L2200	2.737	LL OTHIT KITLL
			L2210	3.869	
	N CONTROL-HIP-		L2220	4.833	
	ORTHOSIS (HKA	<u>FO)</u>	L2230	4.547	
L2040	10.220		L2232	RNE	send invoice
L2050	27.420		L2240	5.072	
L2060	34.602		L2250	24.097	
L2070	8.015		L2260	11.539	
L2080	22.499		L2265	6.918	
L2090	27.958		L2270	3.091	
FRACTU	RE ORTHOSIS		L2275	9.179	
L2106	39.137		L2280	26.065	
L2108	61.502				
100	01.002				

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CODE	UNIT VALUE	BILLING NOTES	CODE	UNIT VALUE BILLING NOTES
L2300	16.093		L2530	14.866
L2310	7.081		L2540	24.200
L2320	12.664		L2550	16.532
L2330	23.954			
L2335	17.435			NS: PELVIC AND THORACIC
L2340	25.890		CONTR	
L2350	56.113		L2570	31.542
L2360	3.187		L2580	26.715
L2370	19.702		L2600	11.822
L2375	7.015		L2610	13.979
L2380	8.566		L2620	19.432
L2385	7.839		L2622	18.559
L2387	8.761		L2624	22.484
L2390	6.301		L2627	98.677
L2395	9.473		L2628	96.438
L2397	7.756		L2630	14.253
			L2640	19.344
ADDITIO	NS TO STRAIGH	T KNEE OR	L2650	8.527
OFFSE1	KNEE JOINTS		L2660	10.728
L2405	5.340		L2670	9.978
L2415	7.441		L2680	10.094
L2425	8.780			
L2430	8.780			NS: GENERAL
L2492	5.870		L2750	5.314
			L2755	8.005
	NS: THIGH/WEIG		L2760	3.497
	L/ISCHIAL WEIG	<u>HT BEARING</u>	L2768	7.791
L2500	18.202		L2770	3.554
L2510	45.240		L2780	3.896
L2520	26.518		L2785	1.947
L2525	76.871		L2795	4.891
L2526	39.426		L2800	6.140

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CODE	UNIT VALUE	BILLING NOTES	CODE	UNIT VALUE	BILLING NOTES
L2810	4.496		ABDUCT	TION AND ROTA	TION BARS
L2820	4.878		L3140	5.116	
L2830	5.278		L3150	4.678	
L2840	2.539		L3160	RNE	send invoice
L2850	4.638		L3170	2.923	
L2860	not used	use E1800-E1830			
L2999	BR	Send Invoice/		PEDIC FOOTWE	<u> </u>
		Description	L3201	2.000	
			L3202	2.250	
<u>ORTHOR</u>	PEDIC SHOES		L3203	2.400	
INSERTS			L3204	2.000	
L3000	18.052		L3206	2.250	
L3001	7.600		L3207	2.400	
L3002	9.283		L3208	2.250	
L3003	10.015		L3209	2.500	
L3010	10.015		L3211	2.750	
L3020	11.402		L3212	4.000	
L3030	4.386		L3213	4.000	
L3031	RNE	send invoice	L3214	4.000	
			L3215	8.000	
	UPPORT, REMO	<u>VABLE,</u>	L3216	8.000	
PREMO			L3217	8.000	
L3040	2.705		L3219	8.000	
L3050	2.705		L3221	9.500	
L3060	4.238		L3222	9.500	
4 D O U O	UDDODT NOND	EMOVA DI E	L3224	4.137	
ARCH SUPPORT, NONREMOVABLE, ATTACHED TO SHOE		L3225	4.812		
L3070	1.827		L3230	BR	send Invoice
L3070 L3080	1.827		L3250	25.000	
L3090	2.339		L3251	9.700	
L3100	2.339 2.485		L3252	9.700	
L3100	2.400				

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CODE	UNIT VALUE	BILLING NOTES	<u>C</u>	CODE	UNIT VALUE	BILLING NOTES
L3253	9.700		L	_3455	2.339	
L3254	1.371		L	_3460	1.973	
L3255	1.371		L	_3465	3.363	
L3257	3.660		L	_3470	3.582	
L3260	2.500		L	_3480	3.582	
L3265	4.000		L	_3485	1.500	
	ODIFICATION - L	<u>IFTS</u>	_		LANEOUS	
L3300	3.000			_3500	1.680	
L3310	4.678			_3510	1.680	
L3320	8.000			_3520	1.827	
L3330	32.523			_3530	1.827	
L3332	4.238			_3540	2.923	
L3334	2.192			_3550	0.516	
				_3560	1.132	
	ODIFICATION - W	<u>VEDGES</u>		_3570	4.897	
L3340	4.897			_3580	3.729	
L3350	1.316			_3590	3.070	
L3360	2.046		L	_3595	2.410	
L3370	2.850		_			
L3380	2.850		_		ER OR REPLAC	<u>EMENT</u>
L3390	2.850			_3600	4.386	
L3400	2.339			_3610	5.774	
L3410	5.336			_3620	4.386	
L3420	3.143			_3630	5.774	
01105.1				_3640	2.485	
	ODIFICATIONS -	HEELS	L	_3649	BR	Send Invoice/
L3430	9.209					Description
L3440	4.386					
L3450	6.066					

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CODE	UNIT VALUE	BILLING NOTES	CODE	<u>UNIT VAL</u>	UE BILLING NOTES		
ORTHO	TIC DEVICES -	UPPER LIMB		Additions			
			L3810	4.060			
	DER ORTHOSIS (<u>SO)</u>	L3815	3.409			
L3650	3.965		L3820	7.479			
L3651	3.583		L3825	3.704			
L3652	10.800		L3830	5.783			
L3660	7.250		L3835	6.485			
L3670	8.493		L3840	4.212			
L3671	46.197		L3845	4.572			
L3672	57.451		L3850	7.620			
L3673	62.616		L3855	8.689			
L3675	9.783		L3860	11.578			
L3677	RNE	send invoice	L3890		Use E1800-E1830		
ELBOW	ORTHOSIS (EO)		DYNAMI	IC FLEXOR H	IINGE, RECIPROCAL		
L3700	4.849				FLEXION, FINGER		
L3701	1.110			N-EXTENSION	<u>ON</u>		
L3702	14.806		L3900	91.178			
L3710	6.964		L3901	105.655			
L3720	38.573						
L3730	60.465			IAL POWER			
L3740	63.956		L3902				
L3760	27.880		L3904	164.951			
L3762	5.851		071150		IOTOM FITTED		
L3763	65.743				JSTOM FITTED		
L3764	69.616		L3905	50.845			
L3765	65.743		L3906	22.516			
L3766	69.616		L3907	27.923			
			L3908	3.429			
	HAND-FINGER OF	RTHOSIS	L3909	0.770			
(WHFO			L3910	26.357			
L3800	12.362		L3911	1.323			
L3805	19.574		L3912	6.608			
L3807	13.940		L3913	13.886			
			L3914	6.368			

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CODE	UNIT VALUE	BILLING NOTES	CODE	UNIT VALUE	BILLING NOTES
L3916	8.253		L3964	43.714	
L3917	5.746		L3965	65.495	
L3918	4.999		L3966	49.340	
L3919	13.886		L3967	101.704	
L3920	6.506		L3968	62.439	
L3921	16.468		L3969	43.664	
L3922	6.572				
L3923	2.170				ARM SUPPORTS
L3924	7.354		L3970	17.466	
L3926	6.767		L3971	96.539	
L3928	4.187		L3972	11.107	
L3930	4.454		L3973	101.704	
L3932	3.530		L3974	9.420	
L3933	10.940		L3975	86.141	
L3934	3.572		L3976	86.141	
L3935	11.327		L3977	96.539	
L3936	5.963		L3978	101.704	
L3938	6.161		EDACTUR	E OBTUOSIS	
L3940	7.453		L3980	E ORTHOSIS 20.737	
L3942	4.778		L3982	21.907	
L3944	7.376		L3984	23.334	
L3946	6.655		L3985	32.922	
L3948 L3950	3.605 11.093		L0300	JZ.JZZ	
L3950 L3952	11.038		L3986	33.423	
L3952 L3954	6.273		L3995	1.842	
L3956	RNE	send invoice	L3999	BR	Send Invoice/
L3930	IXINL	Seria irrolice	20000	2.1	Description
SHOUL	DER-ELBOW-W	RIST-HAND			2000р
	SIS (SEWHO)	KIOT HAND	SPECIFIC	<u>REPAIR</u>	
	0.0 (0211110)		L4000	81.636	
ABDUC1	TION POSITION, O	CUSTOM FITTED	L4002	RNE	send invoice
L3960	45.372		L4010	43.276	
L3961	86.141		L4020	55.737	
L3962	47.172		L4030	29.992	

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CODE	UNIT VALUE BILLING NOTES	CODE UNIT VALUE BILLING NOTES
L4040	24.769	<u>ANKLE</u>
L4045	20.331	L5050 141.871
L4050	26.822	L5060 186.924
L4055	16.453	
L4060	18.839	BELOW KNEE
L4070	18.422	L5100 161.523
L4080	7.053	L5105 228.212
L4090	6.666	VALCE DISABLICATION
L4100	6.332	KNEE DISARTICULATION L5150 251.381
L4110	5.187	L5150 251.361 L5160 267.128
L4130	31.484	L3160 267.126
Repairs		ABOVE KNEE
L4205	<u>.</u> 1.172	L5200 216.301
L4203	BR send invoice/description	L5210 159.737
L4210 L4350	5.145	L5220 186.999
L4360	15.938	L5230 248.951
L4370	10.867	
L4380	6.183	HIP DISARTICULATION
L4386	9.479	L5250 357.609
L4392	1.390	L5270 374.600
L4394	1.014	
L4396	9.915	HEMIPELVECTOMY
L4398	4.565	L5280 367.674
2.000		L5301 155.702
PROST	HETIC PROCEDURES	L5311 234.348
	- L9999	L5321 196.704
		L5331 332.513
LOWER	<u>LIMB</u>	L5341 339.875
		IMMEDIATE POSTSURGICAL OR EARLY
PARTIAI		FITTING PROCEDURES
L5000	32.368	L5400 83.011
L5010	86.451 131.530	L5410 30.856
L5020	121.530	L5420 111.838
		L5430 36.632

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L5450 30.185 L5626 29.902 L5460 39.592 L5628 31.034 L5629 19.489 INITIAL PROSTHESIS L5500 103.175 ADDITIONS: SOCKET VARIATIONS L5505 120.782 L5630 35.352 L5631 26.944
L5460 39.592 L5628 31.034 L5629 19.489 INITIAL PROSTHESIS L5500 103.175 ADDITIONS: SOCKET VARIATIONS L5505 120.782 L5630 35.352
L5629
INITIAL PROSTHESIS L5500 103.175 ADDITIONS: SOCKET VARIATIONS L5505 120.782 L5630 35.352
L5505 120.782 L5630 35.352
1 5621 26 QAA
PREPARATORY PROSTHESIS L5632 15.441
L5510 105.970 L5634 20.059
L5520 107.636 L5636 15.818
L5530 112.814 L5637 17.716
L5535 124.857 L5638 29.845
L5540 138.454 L5639 68.757
L5560 133.170 L5640 41.005
L5570 147.300 L5642 38.932
L5580 159.894 L5643 95.448
L5585 170.513 L5644 39.594
L5590 172.251 L5645 48.931
L5595 246.925 L5646 33.601
L5600 275.194 L5647 65.042
L5648 44.180
ADDITIONS: LOWER EXTREMITY L5649 116.759
L5610 169.288 L5650 29.938
L5611 113.263 L5651 73.646
L5613 182.973 L5652 26.737
L5614 103.574 L5653 41.315
L5616 97.518
L5617 34.306 ADDITIONS: SOCKET INSERT AND
SUSPENSION
ADDITIONS: TEST SOCKETS L5654 21.738
L5618 18.238 L5655 16.266
L5620 17.358 L5656 25.777
L5622 22.365 L5658 26.846
L5624 22.295 L5661 41.862

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CODE	UNIT VALUE	BILLING NOTES	CODE	UNIT VALUE BILLING NOTES
L5665	41.375		L5704	38.128
L5666	4.576		L5705	62.592
L5668	6.269		L5706	62.037
L5670	16.641		L5707	88.187
L5671	39.692			
L5672	18.907			NS: EXOSKELETAL KNEE-SHIN
L5673	44.832		SYSTE	
L5676	22.222		L5710	24.999
L5677	33.525		L5711	35.109
L5678	2.740		L5712	26.636
L5679	37.359		L5714	29.227
L5680	20.485		L5716	50.174
L5681	78.792		L5718	74.487
L5682	41.250		L5722	66.183
L5683	78.792		L5724	112.270
L5684	3.268		L5726	124.315
L5685	7.360		L5728	155.314
L5686	3.377		L5780	93.615
L5688	4.350		L5781	239.672
L5690	6.116		L5782	Not Covered
L5692	9.772		COMPON	IENT MODIFICATION
L5694	11.126			NENT MODIFICATION
L5695	10.002		L5785	31.862
L5696	12.112		L5790 L5795	45.307 65.844
L5697	4.923		L3793	03.044
L5698	7.112		ADDITIO	NS: ENDOSKELETAL KNEE-
L5699	11.435		SHIN SY	
DEDI AC	- MENTO		L5810	29.857
	EMENTS		L5811	47.018
L5700	206.667		L5812	37.202
L5701	243.158		L5814	227.951
L5702	354.017		L5816	52.153
L5703	118.646			

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CODE	<u>UNIT VALUE</u>	BILLING NOTES	CODE UNIT VALUE BILLING NOTES
L5818	69.502		L5980 253.059
L5822	104.430		L5981 204.798
L5824	97.541		L5982 41.315
L5826	191.680		L5984 40.938
L5828	192.319		L5985 17.314
L5830	127.348		L5986 43.809
L5840	252.352		L5987 441.540
L5845	110.012		L5988 122.614
L5848	61.412		L5990 108.671
L5850	7.845		L5995 BR send invoice/description
L5855	25.252		L5999 BR send invoice/description
L5856		not covered	
L5857		not covered	<u>UPPER LIMB</u>
L5858		not covered	
L5910	22.210		<u>Partial Hand</u>
L5920	32.538		L6000 105.632
L5925	27.267		L6010 117.960
L5930	206.383		L6020 112.721
L5940	40.798		L6025 NOT COVERED
L5950	51.257		
L5960	65.555		Wrist Disarticulation
L5962	48.062		L6050 139.696
L5964	70.540		L6055 170.929
L5966	91.452		
L5968	223.043		Below Elbow
L5970	12.858		L6100 144.415
L5971	11.826		L6110 156.372
L5972	23.923		L6120 174.004
L5974	15.565		L6130 181.879
L5975	28.454		
L5976	38.685		Elbow Disarticulation
L5978	23.862		L6200 200.310
L5979	186.572		L6205 229.404

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<u>CODE</u>	UNIT VALUE	BILLING NOTES	CODE	<u>UNIT VALUE</u>	BILLING NOTES
ABOVE	ELBOW		ENDOSKELETAL: INTERSCAPULAR		
L6250	194.040		THORA	CIC	
			L6570	273.816	
SHOULD	DER DISARTICUL	ATION	L6580	103.151	
L6300	257.267		L6582	87.701	
L6310	226.966		L6584	127.273	
L6320	139.734		L6586	117.816	
			L6588	186.572	
	CAPULAR THORA	<u>ACIC</u>	L6590	164.632	
L6350					
L6360				NS: UPPER LIME	<u>3</u>
L6370	138.228		L6600		
			L6605		
	ATE AND EARLY		L6610		
	AL PROCEDURE	<u>S</u>	L6615	11.693	
L6380	78.507		L6616	3.978	
L6382	92.254		L6620	23.275	
L6384	116.922		L6621	Not covered	
L6386	27.999		L6623	44.540	
L6388	29.013		L6625	32.616	
			L6628	36.072	
	KELETAL: BELOV	<u>V ELBOW</u>	L6629	9.251	
L6400	154.264		L6630	13.217	
			L6632	4.394	
	KELETAL: ELBOV	<u>v</u>	L6635	12.132	
L6450	ICULATION		L6637	23.876	
L045U	213.567		L6638	Not Covered	ł
ENDOCK	KELETAL: ABOVE	ELBOW	L6640	17.632	
L6500	230.575	ELBOVV	L6641	11.965	
L0300	230.373		L6642	16.384	
ENDOS	KELETAL: SHOUL	DED	L6645	20.748	
	ICULATION	-DLN	L6646	Not Covered	l
L6550	251.476		L6647	31.102	
	200		L6648	Not Covered	l
			L6650	20.757	
			L6655	5.514	

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CODE	UNIT VALUE	BILLING NOTES	CODE	UNIT VALUE	BILLING NOTES
L6660	7.003		L6730	45.447	
L6665	2.824		L6735	23.130	
L6670	3.550		L6740	30.558	
L6672	10.347		L6745	27.390	
L6675	7.365		L6750	25.470	
L6676	7.982		L6755	25.273	
L6677	16.743		L6765	28.566	
L6680	14.776		L6770	27.139	
L6682	15.967		L6775	29.793	
L6684	21.376		L6780	31.843	
L6686	36.204		L6790	29.142	
L6687	35.373		L6795	98.320	
L6688	34.168		L6800	71.043	
L6689	42.647		L6805	26.695	
L6690	44.025		L6806	99.268	
L6691	25.185		L6807	99.766	
L6692	34.703		L6808	77.617	
L6693	174.253		L6809	22.884	
L6694	42.247		L6810	12.483	
L6695	35.205				
L6696	74.248		HANDS	77.000	
L6697	74.248		L6825	77.288	
L6698	37.403		L6830	93.082	
			L6835	81.422	
<u>TERMIN</u>	IAL DEVICES		L6840	54.879	
			L6845	54.601	
HOOKS			L6850	48.365	
L6700	34.578		L6855	55.972	
L6705	22.281		L6860	49.572	
L6710	24.673		L6865	20.784	
L6715	24.438		L6867	68.669	
L6720	54.439		L6868	16.071	
L6725	30.753				

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CODE	UNIT VALUE	BILLING NOTES	CODE	UNIT VALUE	BILLING NOTES
L6870	15.951		L7010	Not Covered	
L6872	67.295		L7015	Not Covered	
L6873	30.245		L7020	Not Covered	
L6875	57.588		L7025	Not Covered	
L6880	36.777		L7030	Not Covered	
L6881	244.887		L7035	Not Covered	
L6882	Not Covered		L7040	Not Covered	
L6883	Not Covered		L7045	Not Covered	
L6884	Not Covered				
L6885	Not Covered		ELBOW		
			L7170	Not Covered	
	FOR ABOVE HA	NDS	L7180	Not Covered	
L6890	13.907		L7181	Not Covered	
L6895	39.222		L7185	Not Covered	
			L7186	Not Covered	
	ESTORATION		L7190	Not Covered	
L6900	121.152		L7191	Not Covered	
L6905	96.212		L7260	Not Covered	
L6910	116.954		L7261	Not Covered	
L6915	50.785		L7266	Not Covered	
=\/===			L7272	Not Covered	
EXTERI	NAL POWER		L7274	Not Covered	
BASE D				Y COMPONEN	<u>TS</u>
L6920	Not Covered		L7360	Not Covered	
L6925	Not Covered		L7362	Not Covered	
L6930	Not Covered		L7364	Not Covered	
L6935	Not Covered		L7366	Not Covered	
L6940	Not Covered		L7367	Not Covered	
L6945	Not Covered		L7368	Not Covered	
L6950	Not Covered		L7400	Not Covered	
L6955	Not Covered		L7401	Not Covered	
L6960	Not Covered		L7402	Not Covered	
L6965	Not Covered		L7403	Not Covered	
L6970	Not Covered		L7404	Not Covered	
L6975	Not Covered		L7405	Not Covered	

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CODE	UNIT VALUE BILLING NOTES	CODE UNIT VALUE BILLING NOTES
L7499	BR send invoice/description	L8046 152.643
		L8047 78.230
REPAIR	<u>s</u>	L8048 BR send invoice/description
L7500	Not Used – Use L7520	L8049 1.260
L7510	BR send invoice/description	
L7520	0.700	TRUSSES
L7600	RNE send invoice	L8300 6.897
		L8310 10.444
GENER	<u>AL</u>	L8320 3.279
		L8330 3.027
L7900	32.800	
		PROSTHETIC SOCKS
PROSTH	<u>IESIS</u>	L8400 1.123
L8000	2.481	L8410 1.298
L8001	7.513	L8415 1.492
L8002	9.884	L8417 4.616
L8010	4.937	L8420 1.320
L8015	3.678	L8430 1.499
L8020	14.608	L8435 1.429
L8030	21.868	L8440 2.571
L8035	224.866	L8460 4.087
L8039	BR send invoice/description	L8465 2.992
L8040	140.887	L8470 0.409
L8041	169.817	L8480 0.565
L8042	190.804	L8485 0.899
L8043	213.701	L8499 BR send invoice/description
L8044	236.597	•
L8045	150.804	

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CODE	<u>UNIT VALUE</u>	BILLING NOTES	<u>CODE</u>	<u>UNIT VALUE</u>	BILLING NOTES
PROSTHETIC IMPLANTS			HEAD: SKULL, FACIAL BONES, AND TEMPOROMANDIBULAR JOINT		
INTEGUMENTARY SYSTEM			*L8615	BR	Prior Authorize/
L8500	46.022				Send Invoice
L8501	7.408		*L8616	BR	Prior Authorize/
L8505	BR	send invoice			Send Invoice
L8507	2.510		*L8617	BR	Prior Authorize/
L8509	Not Used	Physician Service			Send Invoice
L8510	15.137		*L8618	BR	Prior Authorize/
L8511	4.273				Send Invoice
L8512	0.127		*L8619	BR	Prior Authorize/
L8513	0.306				Send Invoice
L8514	5.431		L8621	BR	Send Invoice
L8515	3.656		L8622	BR	Send Invoice
			L8623	3.726	
			L8624	9.286	
			GENER/	AL	
			L8681	RNE	Replacement only
			L8683	RNE	Replacement only
			L8684	RNE	Replacement only
			L8689	2.349	Replacement only
			L9900	BR	Send Invoice/ Description
					I'

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CODE	UNIT VALI	UE BILLING NOTES	CODE	UNIT VALUE	BILLING NOTES
TEMPORARY NATIONAL CODES		S8423	RNE	Send Invoice	
			S8424	RNE	Send Invoice
S1015	RNE	Send Invoice	S8425	RNE	Send Invoice
S1016	RNE	Send Invoice	S8426	RNE	Send Invoice
S1030		Not Covered	S8427	RNE	Send Invoice
S1031		Not Covered	S8428	RNE	Send Invoice
S1040		Not Covered	S8429	RNE	Send Invoice
S5560	RNE	Send Invoice	S8430	RNE	Send Invoice
S5561	RNE	Send Invoice	S8431	RNE	Send Invoice
S8096		Use A4614	S8450	RNE	Send Invoice
S8100		Use A4627	S8451	RNE	Send Invoice
S8101		Use A4627	S8452	RNE	Send Invoice
S8120	(Jse E0441 or E0443	S8460	RNE	Send Invoice
S8121	(Jse E0442 or E0444	S8490	3.000	per 100
S8185	RNE	Send Invoice	S8999	RNE	Send Invoice
S8186	RNE	Send Invoice	**S9001	138.000	Rental only
S8189	BR	Send Invoice			coordination plan
S8190		Not Covered			required
S8210	RNE	Send Invoice	S9098		Use E0202
S8260		Dental only	S9145		Not Covered
S8262		Dental only	S9325		Not Used -
S8265	RNE	Send Invoice	To		Bill Components
S8270		Not Covered	S9379		Separately
S8301		Not Covered	S9490		Not Used -
S8420	RNE	Send Invoice	То		Bill Components
S8421	RNE	Send Invoice	S9504		Separately
S8422	RNE	Send Invoice			•

Quantities supplied must be based on medical necessity. Quantities exceeding the Medicaid audit number require documentation of medical necessity.

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<u>CODE UNIT VALUE BILLING NOTES CODE UNIT VALUE BILLING NOTES</u>

NATIONAL T CODES ESTABLISHED FOR MEDICAID AGENCIES

*T2101	RNE	Send Invoice
T4521	.055	
T4522	.060	
T4523	.067	
T4524	.067	
T4525	.055	
T4526	.060	
T4527	.067	
T4528	.067	
T4529	.051	
T4530	.055	
T4531	.051	
T4532	.055	
T4533	.055	
T4534	.055	
T4535	.070	
T4536	1.300	
T4537	RNE	Send Invoice
T4538	.067	
T4539	RNE	Send Invoice
T4540	RNE	Send Invoice
T4541		Use A4554
T4542		Use A4554
*T5001	RNE	Send Invoice
T5999	BR	Send Invoice